

**Testimony of
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Concerning SB 946**

Senator Fonfara, Representative Berger, and Members of the Committee, thank you for the opportunity to express my concerns about the provisions of SB 946 that would repeal the annual allocation from the Tobacco Settlement Fund to the Biomedical Research Trust Fund. It is an invaluable source of support for research into the most serious of the tobacco-related diseases. My colleagues and I at Yale respectfully ask the Committee to preserve the allocation of funds for the Biomedical Research Trust Fund.

I recently received an award from the Biomedical Research Trust Fund, which has been essential in enabling me to continue my research. My colleagues and I study the mechanisms of chemotherapy-induced peripheral neuropathy. This painful neuropathy is a debilitating side effect of many cancer treatments and in many cancer survivors this neuropathy is not reversible and dramatically reduces quality of life for the remainder of their years. We have identified a simple, cost effective treatment for chemotherapy induced neuropathy and the support from the Biomedical Research Trust Fund is allowing us to collect the necessary data to conduct a clinical trial in cancer patients. Thanks to the Biomedical Research Trust Fund, we now expect to initiate our first clinical trial later this year. It is my sincere hope that thousands of cancer patients will benefit from this therapy, that is our goal, but along the way support from this research fund has contributed to the research training of two junior scientists, has allowed us to hire a research assistant and has allowed us to bring this work to the level where we are now in discussions with venture groups to establish a Connecticut based company to further develop this therapy and deliver it to patients.

These are difficult times for medical research at universities. The budget of the National Institutes of Health (NIH), which funds the majority of medical research at universities, is flat. The NIH budget is actually smaller than it was in 2010, even before inflation is taken into account. Adjusting for the effect of inflation, the NIH budget is smaller than it was in 2004. In 2003, NIH was able to fund 25 to 35% of applications, but in 2013 it funded about 17% of applications.

In addition, the prospects going forward are not encouraging. As you know, federal appropriations for domestic programs are subject to strict spending caps that are effectively frozen between fiscal years 2015 and 2016.

The Biomedical Research Trust Fund is a small but effective counterweight to the disappointing trends in federal support. In 2014 it awarded 8 grants with a total value of \$2.3 million. Over the history of the program, 60% of grants have supported cancer research; 18% heart disease; and 18% other tobacco-related diseases.¹ Perhaps most important, the Connecticut Academy of Sciences and Engineering Grants has observed that the Biomedical Research Trust Fund has helped university scientists obtain other

¹ The remaining 4% of awards supported studies of diabetes, stroke, and Alzheimer's Disease.

grants that enable them to continue their research.² The Fund is particularly valuable in filling gaps in funding, and sustaining promising lines of research.

My colleagues and I respectfully urge you to retain the permanent allocation of funds to the Biomedical Research Trust Fund. University medical research is a major part of the pipeline of new therapies, and we should do all we can to sustain the pace of discovery and innovation in medicine.

² *Connecticut Biomedical Research Program: Analysis of Key Accomplishments*. August, 2014.